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<b>CHAPTER:</b>		
	<b>CHILD AND FAMILY SERVICES AGENCY</b>  <b>Approved by:</b> _____ Signature of Agency Director	<b>PROFESSIONAL STANDARDS</b>  <b>See Section VIII.</b>
<b>EFFECTIVE DATE:</b> February 13, 2007	<b>LATEST REVISION:</b> January 29, 2007	<b>APPROVED BY LEGAL COUNSEL:</b> February 13, 2007

<b>I. AUTHORITY</b>	The Director of the Child and Family Services Agency adopts this policy to be consistent with the Agency's mission and applicable federal and District of Columbia laws, rules and regulations, including, but not limited to, provisions in Titles 4 and 16 of the D.C. Code and the Modified Final Order and Implementation Plan in LaShawn A. v. Williams.
<b>II. APPLICABILITY</b>	All Agency employees, contracted personnel, and contracted agency personnel.
<b>III. RATIONALE</b>	<p>The purpose of the Family Team Meetings policy is to specify how the Child and Family Services Agency (the Agency) engages families, communities, and public and private agency partners in supporting the safety, permanence, and well being of children and families in the District of Columbia.</p> <p>Family team meetings are structured planning and decision-making meetings that use skilled and trained facilitators to engage families, family supports, and professional partners in creating plans for children's safety and in laying the groundwork for permanency. The Child and Family Services Agency is using family team meetings as a means of driving practice change. The Agency is beginning by implementing family team meetings for removals and placement changes, but in the future, family team meetings may be used at different stages throughout the life of a case.</p> <p>Implementing family team meetings enhances the Agency's focus on safety, permanency, and making carefully planned choices about placements. Critical decisions about safety are able to be made based on the best information available when families, family supports, and professional partners are involved. Family team meetings establish the foundation for strong permanency plans, regardless of the permanency goal, through encouraging relationships and facilitating the identification of permanency resources. When all participants take part in decision-making, all participants are encouraged to take ownership of decisions made concerning children's safety, permanence, and well being. Moreover, family team meetings galvanize individuals to work as a team, even after a family team meeting is held.</p>

	<p>The Child and Family Services Agency aims to be explicit about the values that guide its practice. The Agency and its partners have embraced the following set of principles that should guide the practice of family team meetings, as well as the broader changes in practice that result:</p> <ol style="list-style-type: none"> <li>1. Focus on Safety: Child safety is paramount. This includes ensuring the safety of children in the context of their families and addressing the safety issues of their family members.</li> <li>2. Focus on Permanence: Permanence for children is also paramount. Permanency planning from the start of the Agency's involvement with children and families is crucial.</li> <li>3. Family Inclusive Philosophy: Meaningful family participation (from children, parents, kin, and resource parents) in planning and decision-making is essential.</li> <li>4. Strength and Need Based Planning: Strengths-based assessments and plans are vitally important. They should be produced with attention to: <ol style="list-style-type: none"> <li>a. The family's underlying needs and conditions;</li> <li>b. Engaging the family in crafting effective interventions that address the family's needs;</li> <li>c. Developing interventions with a family when there are family conflicts, or a family member's behavioral or emotional needs are not being met; and</li> <li>d. Safety issues for all family members.</li> </ol> </li> <li>5. Ongoing Assessment and Planning: All children and family plans are developed and adapted to address ongoing and changing needs using a family team meeting approach.</li> <li>6. Team-Based Approach: The process of providing assistance to children and families requires a team that includes the family.</li> <li>7. Multi-Systemic Intervention: The use of multi-systemic participation and intervention is crucial to assessing, planning, and providing suitable resources to children and their families.</li> <li>8. Cultural and Community Responsiveness: Communities should be involved in planning with families and children, and when possible, meetings should be held in the community and language of each family. Children and families are to be understood within the context of their own family rules, traditions, history, and culture.</li> <li>9. Brief, Strategic Solution-Focused Intervention: The process is solution-focused with flexible and easily accessible resources used to support those solutions.</li> <li>10. Organizational Competence: Committed, qualified, trained, and skilled staff, supported by an effectively structured organization, help to ensure positive outcomes for children and their families. Family and community members are valued and included in the organizational change process.</li> </ol>
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<b>IV. POLICY</b>	It is the policy of the Child and Family Services Agency to hold family team meetings when a child is at imminent risk of removal, in the 72-hour period following a child being taken into custody, and prior to making a placement change. For emergency placement changes, family team meetings are expected to be held within 48 hours following the placement change. Family team meetings shall be facilitated by a trained facilitator from the Child and Family Services Agency. These meetings should include families, family supports, resource parents, and professional partners and shall focus on making decisions to support children's safety, permanence, and well being.
<b>V. CONTENTS</b>	<b>A.</b> Criteria for Holding Family Team Meetings <b>B.</b> Goals and Purposes of Family Team Meetings <b>C.</b> Meeting Participants <b>D.</b> Preparation <b>E.</b> Confidentiality and Privacy <b>F.</b> Meeting Structure and Content <b>G.</b> Decision-Making <b>H.</b> Meeting Follow-Up <b>I.</b> Role of the Facilitator <b>J.</b> Role of the Coordinator <b>K.</b> Role of the Social Worker <b>L.</b> Evaluation and Monitoring
<b>VI. ATTACHMENTS</b>	<b>A.</b> Referral for Family Team Meeting <b>B.</b> Authorization to Disclose Information <b>C.</b> Authorization to Disclose Medical or Dental Information <b>D.</b> Authorization to Disclose Mental Health or Substance Abuse Information
<b>VII. PROCEDURES</b>	<p><b>Procedure A: Criteria for Holding Family Team Meetings</b></p> <p>Family team meetings shall be held according to specific criteria to support improved outcomes for children. While these meetings add additional requirements, they occur within the context of current case management and permanency planning practices as well as Agency and court processes.</p> <ol style="list-style-type: none"> <li>1. The Child and Family Services Agency and contracted agencies shall hold family team meetings for all removals according to the following criteria: <ol style="list-style-type: none"> <li>a. When the CPS or ongoing social worker determines, based on his or her clinical judgment that the child is at imminent risk of removal;  <i>(See the Investigations Policy for information on assessing safety. Cases that have been referred to other preventative services in the past, such as EAP, should now be referred for a family team meeting)</i> and</li> <li>b. Prior to the removal of children from their homes or within the 72-hour period following a child being taken into custody. When a CAC interview is required, an FTM will be held after the completion of the CAC interview. In cases involving a criminal investigation, an FTM may be delayed at the discretion of the CPS Program Manager in consultation with the assigned Assistant Attorney General.</li> </ol> </li> </ol>

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	<p>2. The Child and Family Services Agency and contracted agencies shall hold family team meetings for anticipated placement changes, according to the following criteria:</p> <ul style="list-style-type: none"> <li>a. With anticipated placement changes defined as when children may change caregivers;</li> <li>b. Including the following placement changes: <ul style="list-style-type: none"> <li>i. Between resource homes of an individual family-based care provider agency;</li> <li>ii. Between facilities of an individual congregate care provider;</li> <li>iii. When a child is released from a detention facility; and</li> <li>iv. Unplanned respite care.</li> </ul> </li> <li>c. The following placement changes are excluded because of other meetings that should occur for these placement changes which embody the same principles as family team meetings: <ul style="list-style-type: none"> <li>i. A planned move to a pre-adoptive home;</li> <li>ii. Planned respite care occurring on an ongoing basis;</li> <li>iii. Entry into and discharge from residential treatment; and</li> <li>iv. Entry into and discharge from a hospital (including psychiatric hospitalization).</li> </ul> </li> <li>d. When the ongoing social worker, the resource parent, the child or another person involved with the child anticipates that a placement may need to change; and</li> <li>e. Prior to the placement change, except for emergency placement changes, which is defined as an unplanned placement change in which the placement has already disrupted and the child or youth needs a placement identified immediately (i.e. a child returns from abscondence and needs a placement). In these instances, family team meetings are expected to be held within 48 hours following the placement change.</li> </ul> <p>3. Family team meetings shall be convened for all removals and placement changes unless the parent objects to such a meeting.</p> <ul style="list-style-type: none"> <li>a. In cases involving a child's removal, parent(s) will be informed of the Agency's intent to convene a family team meeting by the Child Protection Services (CPS) social worker either directly or through the written removal notification process that will indicate that a family team meeting will be held within 72 hours of the removal, and prior to the initial court hearing in most cases. The parent(s) will have the ability to object to the meeting being held by contacting the family team meeting Coordinator and indicating their objection.</li> <li>b. In cases involving a child's replacement from foster care, the Agency will convene a family team meeting in the context of the permanency plan for the child in foster care. If a parent objects to a family team meeting he/she will notify the family team meeting Coordinator of their objection.</li> </ul>
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	<ol style="list-style-type: none"> <li>4. For removals, a single meeting shall be held to include planning and decision-making for all of the children in the family, when appropriate. For placement changes, a single meeting shall be held for the child whose placement may change, as well as his or her siblings, when appropriate.</li> <li>5. CPS and ongoing social workers shall initiate family team meetings for removals and placement changes through requests to the family team meeting Unit.</li> <li>6. Removals and placement changes, as specified within this Procedure of this policy, shall not occur without scheduling or holding a family team meeting, unless there is an emergency removal.</li> </ol>
	<p><b>Procedure B: Goals and Purposes of Family Team Meetings</b></p> <p>Family team meetings are planning and decision-making meetings focused on whether a physical move is required to support a child's safety and permanency. Because these meetings include multiple participants and address potentially contentious issues, the goals of the meetings require clear delineation. All participants should work together to focus their attention on the goals and purposes of each family team meeting.</p> <ol style="list-style-type: none"> <li>1. All family team meetings have the following goals and purposes: <ol style="list-style-type: none"> <li>a. To make placement decisions that keep children safe and promote permanency;</li> <li>b. To create a continuum of care and develop support networks to reduce trauma for the child;</li> <li>c. To support a solution-focused approach to services, addressing behavioral changes; and</li> <li>d. To develop relationships in an atmosphere of mutual respect to facilitate case planning, safety, and permanence for the child.</li> </ol> </li> <li>2. Family team meetings addressing potential removals shall involve assessments of the safety and needs of both children and parents and shall focus on creating plans for safety and permanence for the child.</li> <li>3. Family team meetings addressing potential placement changes shall focus on placement decisions that promote both safety and permanency for children.</li> <li>4. Family team meetings shall address transition planning and pre-placement visits for children.</li> </ol>
	<p><b>Procedure C: Meeting Participants</b></p> <p>The inclusion of families, including children when appropriate, is central to the concept of family team meetings. As many people providing support to children and families as possible should be included. With broadly defined family team membership, the best available information is on hand for critical decision-making about children's safety and permanence.</p> <ol style="list-style-type: none"> <li>1. Families should be recognized as the experts on their families' needs and strengths and their presence and involvement is integral to family</li> </ol>

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	<p>team meetings. It is the expectation that families, including children ages twelve and older (and younger children as appropriate based on maturity level and developmental stage) will attend family team meetings. Coordinators are responsible for making every reasonable effort, which may include being flexible with meeting times and locations, to secure the participation of family members in every family team meeting.</p> <ol style="list-style-type: none"> <li>2. A facilitator and a coordinator shall attend each family team meeting. The assigned social worker(s) and supervisor(s), or their designees, shall also attend. Family team meetings addressing potential removals require the investigations and ongoing social workers, as well as their supervisors, to attend whenever possible as the family team meeting will be used as the basis of the case plan and as an opportunity to begin the case transfer.</li> <li>3. Other individuals who can contribute to securing services or treatment and providing support to the family should be encouraged to participate in family team meetings, as appropriate. The selection of individuals who may attend a particular family team meeting shall be based on maximizing family involvement in choosing supports to participate, respecting family privacy, and understanding the clinical expertise required for the particular meeting.</li> <li>4. At a minimum, the Agency shall invite parents, relatives, caregivers, community representatives, service providers, and the guardian ad litem appointed to represent the child's best interest to attend a family team meeting.</li> <li>5. The following individuals should also be encouraged to attend whenever appropriate: <ol style="list-style-type: none"> <li>a. Non-relative supports that the child and/or the family may identify, such as neighbors, clergy or mentors;</li> <li>b. Community-based supports, which may include individuals from the Healthy Families/Thriving Communities Collaboratives;</li> <li>c. Other Agency or contracted agency staff, such as placement workers or staff from the Office of Youth Development;</li> <li>d. Specialists from the Office of Clinical Practice if the need for a specialized placement has been identified; and</li> <li>e. Attorneys. If an attorney is interested in attending, all other attorneys connected to the case shall also be notified of the family team meeting. It shall be the obligation of the attorney participating in the family team meeting to contact all represented parties' attorneys as prescribed by the attorney's rules of ethics.</li> </ol> </li> <li>6. In situations where the safety of meeting participants is an issue (e.g., with domestic violence) Agency staff shall use their clinical judgment to decide the appropriateness of the participation of specific individuals.</li> </ol>
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	<p><b>Procedure D: Preparation</b></p> <p>Advance preparation is essential for successful family team meetings. Participants are more effective in raising their concerns and proposing solutions when they have had time to prepare for meetings. Through preparation for meetings, facilitators learn more about families and potentially contentious issues.</p> <ol style="list-style-type: none"> <li>1. In contacts with parents prior to the family team meeting, social workers should identify family members and other potential participants for the family team meeting.</li> <li>2. Coordinators should communicate with social workers to identify family members and other potential participants with whom to follow-up.</li> <li>3. The coordinator shall speak with the parent(s) regarding convening the family team meeting.</li> <li>4. The coordinator shall identify from the Court who the Guardian ad Litem is for the case and shall invite him or her to the family team meeting.</li> <li>5. Coordinators shall invite participants in person or by telephone and encourage their participation in the family team meeting.</li> <li>6. The coordinator's preparation of the family for the family team meeting should involve: <ol style="list-style-type: none"> <li>a. Gaining the family's perspective on what brought the family to the Agency's attention;</li> <li>b. Exploring the family's strengths and needs;</li> <li>c. Asking solution-focused questions to help the family determine its desired outcomes for the meeting;</li> <li>d. Discussing "non-negotiable issues" of the meeting (e.g., foster home licensing requirements);</li> <li>e. Communicating that if a decision is made for the child to be placed or change placements with a kin volunteer, kin shall be licensed temporarily prior to the placement; (<i>See the Temporary Licensing of Foster Homes for Kin Policy.</i>) and</li> <li>f. Discussing confidentiality.</li> </ol> </li> <li>7. The coordinator's preparation of the other participants in the family team meeting should involve: <ol style="list-style-type: none"> <li>a. Clarifying the purpose and focus of the meeting;</li> <li>b. Explaining individual roles in the meeting, including each member's role in identifying the family's strengths and needs; and</li> <li>c. Discussing confidentiality.</li> </ol> </li> </ol>
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	<p>8. The facilitator, coordinator, and social worker should communicate on an ongoing basis before each family team meeting and address the following issues:</p> <ol style="list-style-type: none"> <li>The family's strengths and needs;</li> <li>The family's desired outcomes for the meeting;</li> <li>Areas of potential conflict; and</li> <li>Issues for the family at the meeting such as the need for an interpreter, including participants through a conference call, transportation assistance, child care during the meeting, or to exclude certain individuals from part or all of the meeting (for reasons including domestic violence).</li> </ol> <p><i>See Procedures I, J, and K of this policy for specific roles with respect to preparation.</i></p>
	<p><b>Procedure E: Confidentiality and Privacy</b></p> <p>CFSA and contracted agencies shall maintain the confidentiality of information disclosed at a family team meeting in accordance with the provisions of applicable law. The process set forth in this Procedure shall be followed in order to ensure that confidentiality is protected.</p> <p><i>"Information" refers to both materials in recorded format in any medium and material that is not recorded.</i></p> <ol style="list-style-type: none"> <li>When the decision is made that a family team meeting should be convened, the coordinator shall speak with the parent(s) concerning convening the family team meeting. The conversation shall address: <ol style="list-style-type: none"> <li>The purpose of the family team meeting;</li> <li>The persons who will attend the family team meeting; and</li> <li>The information concerning the child or parent that will be disclosed in the family team meeting.</li> </ol> </li> <li>A privacy statement is read prior to each family team meeting informing participants of the confidentiality requirements.</li> <li>CFSA and contracted agencies may not disclose an entire medical record, unless the entire medical record is specifically justified as the amount that is reasonably necessary to accomplish the purpose of the particular family team meeting. The information concerning a parent(s) or child that is disclosed in the family team meeting shall be limited to that information which is reasonably necessary to accomplish the purpose of that particular family team meeting.</li> <li>Prior to a family team meeting, a <i>Referral for Family Team Meeting</i> form must be signed (see attachment A). It is the responsibility of the assigned social worker to get signed disclosure statements prior to the family team meeting (see attachments B-D). If these statements are not obtained, then medical, dental, mental health and substance abuse information cannot be discussed.</li> </ol>

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	<p>5. Any individual who is a “mandated reporter” (<i>i.e.</i>, an individual who is required by law to report suspected child abuse or neglect) shall report any suspected abuse or neglect disclosed in a family team meeting in accordance with applicable law. (<i>See the Hotline Policy for additional information concerning the reporting of child abuse or neglect.</i>)</p> <p><i>See the Confidentiality policy and forthcoming HIV policy for more information.</i></p>
	<p><b>Procedure F: Meeting Structure and Content</b></p> <p>Family team meetings are decision-making and planning meetings. Because of this purpose, meetings shall be carefully structured to support decision-making. In this process, families and other participants are to be respected and valued. All participants shall be given the opportunity to discuss their needs and offer solutions.</p> <ol style="list-style-type: none"> <li>1. Each family team meeting should last approximately one and one half to two and one half hours.</li> <li>2. Key discussions including outcomes, ground rules, strengths, needs, brainstorming ideas and plans should be recorded using a white board, flip chart, newsprint, or similar method for all participants to view.</li> <li>3. Family team meetings should have the following components: <ol style="list-style-type: none"> <li>a. Introduction: The facilitator shall welcome participants. Beginning with the family, the facilitator should introduce family team members. The facilitator shall review the purpose of the meeting and the family team shall establish guidelines to ensure safety and productivity;</li> <li>b. Confidentiality: The facilitator shall explain confidentiality requirements and read the applicable privacy statement; (<i>See Procedure E of this policy and the Confidentiality policy</i>)</li> <li>c. Family story: The family should be encouraged to share information candidly about itself, its needs, and its view of how it came to the attention of the Agency. The family should be encouraged to describe anticipated outcomes from the meeting and what it needs to achieve the outcomes. The family story establishes the meeting as the “family’s meeting” and assists the family team in developing empathy for the family;</li> <li>d. Strength-assessment: Family team members should identify what is valued and working in the family;</li> <li>e. Information-sharing: The social worker shall directly and respectfully present the facts of the case to all participants. Family members, service providers, and other participants with significant involvement in the case should share related information and give their perspectives on the current situation;</li> </ol> </li> </ol>

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	<p>f. Options: The facilitator shall engage the family team and ask questions to identify and clarify potential outcomes of suggested plans and the specific roles of each family team member. The discussion shall focus on individualized support systems and services that match the family's needs and builds upon its strengths. The family team meeting shall be facilitated toward agreement on whether removal is necessary or a placement change would be beneficial, and if so, what the child's new placement may be;</p> <p>g. Decisions: Participants shall decide on a plan for safety, risk reduction, and permanence and on corresponding recommendations to the Court according to the following guidelines:</p> <ul style="list-style-type: none"> <li>i. Action steps shall be developed that identify who is to do what and by when, maximizing involvement of informal supports;</li> <li>ii. The initial steps in the plan should be readily achievable and support opportunities for early successes;</li> <li>iii. The plan may include steps to ensure that expected changes in the family's behavior are described in terms of behavior and not merely attendance or completion of activities;</li> <li>iv. Steps should be measurable and within time limits;</li> <li>v. The plan may include the provision of services through Agency, District or federal government, or community programs, as well as through flexible funds (<i>See the Flexible Funds Policy for information on the use of these funds and incentives for identifying services during the family team meeting</i>);</li> <li>vi. The plan may include arrangements for family visits, pursuant to Court order, and resolve practical family issues such as transportation and appointments for doctor visits;</li> <li>vii. The plan shall address transition planning and pre-placement for children as appropriate;</li> <li>viii. The plan shall identify the child(ren)'s medical, behavioral, and educational needs;</li> <li>ix. The family team shall identify a lead worker and may identify a family member or family support person responsible for ensuring that the plan is followed;</li> <li>x. The plan may include a recommendation that the Court hold a hearing so that family team meeting recommendations on any changes of legal status, visitation, or other elements within a court order may be heard; and</li> <li>xi. If a decision is made for the child to be placed with or change placements to kin, kin shall be licensed temporarily prior to the placement. (<i>See the Temporary Licensing of Foster Homes for Kin Policy.</i>) If kin are not identified for the placement, placement workers may be contacted to describe any suitable placements available.</li> </ul>
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	<ul style="list-style-type: none"> <li>h. Close: The facilitator shall thank the family team members for their efforts, advise them that the plan will be reviewed regularly and revised as needed, and advise them that follow-up meetings may be requested with the social worker and supervisor. The facilitator shall summarize the safety plan and action steps verbally, identifying who is responsible to do what by when. The plan from the meeting shall be given in writing to participants upon closure of the meeting; and</li> <li>i. Meeting adjourned: All participants should leave together, unless the safety of meeting participants is a concern, to ensure and demonstrate that the family team's plan and the corresponding recommendations to the Court are final.</li> </ul>
	<p><b>Procedure G: Decision-Making</b></p> <p>As family team meetings are decision-making and planning meetings, the process for arriving at decisions need to be clear. The goal is for decisions on removals and placement changes to be made through shared decision-making.</p> <ul style="list-style-type: none"> <li>1. The facilitator shall guide the family team to develop a plan, agreed to by all participants, that promotes the child's safety, permanence, and well being. As part of the shared decision-making process, the facilitator shall help the family team discuss needs and problems that may arise with the plan. The facilitator has primary accountability for ensuring a plan is developed that promotes safety, permanence, and well being.</li> <li>2. Throughout family team meetings, Agency and contracted agency social workers shall be open to a range of strategies to address their concerns and work toward consensus with the full family team. Social workers are obligated to raise any concerns they have during the meeting if they believe that the plan being developed does not promote children's safety, permanency and well being adequately.</li> <li>3. If members of the family team are reaching agreement on a plan but a social worker believes that the plan does not promote the child's safety, permanency and well being adequately, his or her program administrator or a person in a higher level position shall make the removal or placement decision during the meeting.</li> <li>4. If members of the family team are reaching agreement on a plan but a team member other than a social worker believes that the plan does not promote the child's safety, permanency, and well being adequately, that team member may also appeal to the program administrator or a person in a higher level position at the meeting to make the removal or placement decision.</li> </ul>

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	<p><b>Procedure H: Meeting Follow-Up</b></p> <p>After the family team meeting occurs, it is crucial that the information shared and the decisions made are recorded and communicated to promote subsequent action. Follow-up is essential to ensuring that the productivity of the meetings leads to services and systems being put in place to support children and families involved with the Agency.</p> <ol style="list-style-type: none"><li>1. The family team meeting Unit shall enter the plan developed in the meeting into FACES within 24 hours of the meeting.</li><li>2. Decisions made in the meeting supercede decisions in existing case plans. Social workers shall update the case plan to reflect the plan developed in the meeting within 24 hours of the meeting. Any recommendations for changes to a court ordered placement or court ordered goal or service shall not be implemented until the Court orders the recommended change. The AAG shall be immediately contacted to determine the necessary legal strategy and steps to be taken to have the Court order the recommended change.</li><li>3. For removals, the investigations social worker shall share the plan with the Assistant Attorney General (AAG) assigned to the case before the initial court hearing.</li><li>4. For placement changes where a change of legal status is recommended, the ongoing social worker shall share the plan with the AAG assigned to the case immediately following the family team meeting and the AAG should request an Emergency Hearing from the assigned judge.</li><li>5. For placement changes where a change of legal status is not recommended, the ongoing social worker shall share the plan with the AAG assigned to the case and the AAG should distribute the plan to the assigned judge and all counsel within 48 hours of the family team meeting.</li><li>6. Social workers and their supervisors shall follow-up on all cases in their units that have had a family team meeting on an ongoing basis, but at minimum, at the court mediation meeting, 60 days following mediation, and at administrative reviews, addressing:<ol style="list-style-type: none"><li>a. Whether each person with a role in the plan has followed through on agreed upon tasks;</li><li>b. If services identified have been initiated and if initiated, whether they are leading to the desired results; and</li><li>c. Whether an additional meeting with the family team is needed.</li></ol></li></ol>	
	<p><b>Procedure I: Role of the Facilitator</b></p> <p>Skilled and trained facilitators are central to family team meetings. Facilitators have the role of ensuring a meeting environment that promotes respect and family engagement. Facilitators also have primary responsibility for guiding discussions toward decision-making.</p>	
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	<ol style="list-style-type: none"> <li>1. Prior to a family team meeting, the facilitator shall review the case information with the coordinator, identifying the family's strengths and needs. The facilitator should plan for managing and transforming potential conflicts into productive partnerships during the family team meeting.</li> <li>2. During a family team meeting, the facilitator should: <ol style="list-style-type: none"> <li>a. Read the applicable privacy statement at the start of the meeting (<i>See Procedure E of this Policy</i>);</li> <li>b. Form cooperative relationships;</li> <li>c. Serve as a role model for solid casework practices and on how to engage families;</li> <li>d. Apply various strategies that help the family identify and use their strengths in the family team meeting;</li> <li>e. Conduct the meeting in ways that are respectful of the family's attitudes, culture and beliefs;</li> <li>f. Use solution-focused questions to lead the family team through a solution-focused process;</li> <li>g. Limit social workers and other team members from gathering information during the meeting that is not relevant for the meeting, such as asking for details about transferring the case;</li> <li>h. Employ strategies to engage all members in the family team meeting within the context of their roles;</li> <li>i. Facilitate toward agreement, employing strategies for managing group processes and breaking impasses;</li> <li>j. Guide the family team to develop a plan, agreed to by all participants, that promotes the child's safety, permanence, and well being. The facilitator has primary accountability for ensuring a plan is developed that promotes safety, permanence, and well being;</li> <li>k. Employ strategies to assist all participants in assuming ownership of the plan; and</li> <li>l. Review, finalize, and distribute the plan to all participants upon closure of the meeting.</li> </ol> </li> </ol>
	<p><b>Procedure J: Role of the Coordinator</b></p> <p>Coordinators have primary responsibility for the logistics of family team meetings. Coordinators invite and prepare families, family supports, resource parents and professional partners for meetings. Before, during and after meetings, coordinators play a central role in communicating issues and decisions to all participants.</p> <ol style="list-style-type: none"> <li>1. Prior to a family team meeting, the coordinator should: <ol style="list-style-type: none"> <li>a. Identify family members and other potential participants for the family team meeting when meeting with the social worker and the parents. Identify, mobilize, and widen family's support and resources network;</li> </ol> </li> </ol>

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	<ul style="list-style-type: none"> <li>b. Speak with the parent(s) concerning convening the family team meeting (<i>See Procedure E of this Policy</i>);</li> <li>c. Identify from the Court who the guardian ad litem is for the case and shall invite him or her to the family team meeting;</li> <li>d. Invite participants in person or by telephone and encourage their participation in the family team meeting;</li> <li>e. Make the arrangements for the meeting, including scheduling the location and planning for special needs such as the need for an interpreter, to include participants through a conference call, for transportation assistance or for child care during the meeting;</li> <li>f. Form cooperative relationships with participants;</li> <li>g. Clarify the purpose and focus of the meeting with participants;</li> <li>h. Explain individual roles in the meeting, including each member's role in identifying the family's strengths and needs;</li> <li>i. Discuss confidentiality requirements for the meeting. The family team meeting Coordinator will reassure the parent that CFSA shall not disclose a parent's confidential information without the consent of the parent.</li> <li>j. Prepare participants to create positive expectations and to avoid conflicting agendas;</li> <li>k. Gain the family's perspective on what brought the family to the Agency's attention;</li> <li>l. Explore the family's strengths and needs;</li> <li>m. Ask solution-focused questions to help the family determine its desired outcomes for the meeting;</li> <li>n. Explore the family's concerns and assess what may go wrong during the meeting;</li> <li>o. Discuss "non-negotiable issues" of the meeting (e.g., foster home licensing requirements);</li> <li>p. Help participants to anticipate and manage their emotions during the meeting;</li> <li>q. Help participants to understand the family's primary goal prior to the meeting;</li> <li>r. Communicate that if a decision is made for the child to be placed or change placements with a kin volunteer, the kin shall be temporarily licensed prior to the placement; (<i>See the Temporary Licensing of Foster Homes for Kin Policy.</i>) and</li> <li>s. Communicate on an ongoing basis with the facilitator before each family team meeting to share the information learned.</li> </ul> <p>2. During a family team meeting, the coordinator should:</p> <ul style="list-style-type: none"> <li>a. Provide assistance to the facilitator;</li> <li>b. Record key discussions on a white board, flip chart, newsprint or other similar methods for all participants to view;</li> <li>c. Monitor the time and the meeting's progress; and</li> <li>d. Record the plan developed in the meeting.</li> </ul>
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	<p>3. Following a family team meeting, the coordinator shall:</p> <ol style="list-style-type: none"> <li>Follow-up on any actions intended to be taken immediately but no later than ten days after the family team meeting; and</li> <li>Provide feedback to the facilitator on observations of the meeting.</li> </ol>	
	<p><b>Procedure K: Role of the Social Worker</b></p> <p>As the professionals responsible for families' cases, social workers have extensive information to be shared in family team meetings. Social workers are responsible for ensuring a decision is made that supports safety, permanency and well being for children.</p> <ol style="list-style-type: none"> <li>The social worker(s) assigned to a case shall initiate family team meetings for removals and placement changes through requests to the Family Team Meeting Unit.</li> <li>Prior to a family team meeting, the social worker should: <ol style="list-style-type: none"> <li>Provide the coordinator with the names and contact information of family members and community support persons that the parent(s) want to have present at the family team meeting;</li> <li>Discuss with the coordinator any issues for the family at the meeting such as the need for an interpreter, to include participants through a conference call, for child care during the meeting, or to exclude certain individuals from part or all of the meeting (for reasons including domestic violence);</li> <li>Explain the family team meeting process to the family, children ages twelve and older (younger children as appropriate based on maturity level and developmental stage), and the resource parents;</li> <li>Provide the scheduling information for the family team meeting, if known or inform the family that the coordinator will be in contact with them;</li> <li>Review the case file, including all assessments;</li> <li>Make a list of the critical questions to be addressed at the meeting including medical, behavioral and/or educational needs;</li> <li>Make a list of the family's strengths and needs; and</li> <li>Brainstorm options for the family.</li> </ol> </li> <li>During a family team meeting, the social worker should: <ol style="list-style-type: none"> <li>Directly and respectfully present the facts of the case to all participants;</li> <li>Articulate his or her concerns, be open to a range of strategies and work toward consensus with the full family team;</li> <li>Raise any concerns he or she has during the meeting if he or she believes that the plan being developed does not promote children's safety, permanency and well being adequately;</li> <li>Appeal to his or her program administrator or a person in a higher level position to make the removal or placement decision if members of the family team are reaching agreement on a plan but he or she believes that the plan does not promote children's safety, permanency and well being adequately;</li> </ol> </li> </ol>	
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	<ul style="list-style-type: none"> <li>e. Discuss the need for clothing as appropriate;</li> <li>f. Share the list of the critical questions to be addressed at the meeting; and</li> <li>g. Share the list of the family's strengths and needs.</li> </ul> <p>4. Following a family team meeting, the social worker shall:</p> <ul style="list-style-type: none"> <li>a. Update the case plan to reflect the plan developed in the meeting within 24 hours of the meeting;</li> <li>b. For removals, the investigations social worker shall share the plan with the Assistant Attorney General (AAG) assigned to the case before the initial court hearing;</li> <li>c. For placement changes where a change of legal status is recommended, the ongoing social worker shall share the plan with the AAG assigned to the case immediately following the family team meeting and the AAG should request an Emergency Hearing from the assigned judge;</li> <li>d. For placement changes where a change of legal status is not recommended, the ongoing social worker shall share the plan with the AAG assigned to the case and the AAG should distribute the plan to the assigned judge and all counsel within 48 hours of the family team meeting; and</li> <li>e. Follow-up on all cases that have had a family team meeting on an ongoing basis, but at minimum, at the court mediation meeting, 60 days following mediation, and at administrative reviews, addressing: <ul style="list-style-type: none"> <li>i. Whether each person with a role in the plan has followed through on agreed upon tasks;</li> <li>ii. If services identified have been initiated and if initiated, whether they are leading to the desired results; and</li> <li>iii. Whether an additional meeting with the family team is needed.</li> </ul> </li> </ul>	
	<p><b>Procedure L: Evaluation and Monitoring</b></p> <p>Evaluation and monitoring are necessary for ensuring that family team meetings support children's safety, permanency, and well being. Individual cases shall be monitored to ensure that agreements reached are being followed.</p> <ul style="list-style-type: none"> <li>1. The coordinator shall follow-up on any actions intended to be taken immediately but no later than ten days after the family team meeting.</li> <li>2. Social workers and their supervisors shall follow-up on all cases in their units that have had a family team meeting on an ongoing basis, but at minimum, at the court mediation meeting, 60 days following mediation, and at administrative reviews, addressing: <ul style="list-style-type: none"> <li>a. Whether each person with a role in the plan has followed through on agreed upon tasks;</li> <li>b. If services identified have been initiated and if initiated, whether they are leading to the desired results; and</li> <li>c. Whether an additional meeting with the family team is needed.</li> </ul> </li> <li>3. The Agency shall examine family team meetings data on an ongoing basis to monitor the process and recommend improvements.</li> </ul>	
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D.C. Department of Child and Family Services

# Referral for Family Team Meeting



Family name:

FACES Referral Number:

FACES Case Number:

## Reason for Referral

- ☐ **At-Risk** (People are worried about the family and the kids could be removed from the parent/guardian if the situation does not improve.)
- ☐ **Removal** (Child is being removed from parent/guardian)
- ☐ **Disruption prevention** (Child's placement may disrupt without intervention)
- ☐ **Replacement** (Child's foster care placement has already changed)
- ☐ **Acute Care** (Young person is in an acute care psychiatric hospital)
- ☐ **Severe Emotional Disturbance/Considering residential treatment** (If client has Amerigroup, Chartered, Health Right, HSCSN, or private medical insurance, RTC request should go to insurer.)

## Referral Source

Name: Agency/Organization:

Department/Administration:

Desk phone:

Cell phone:

E-mail:

Supervisor:

Desk phone:

Cell phone:

E-mail:

## Administrative Information

Has this child or family had an FTM in the past?

☐ Yes

☐ No

If yes, . . .

- When?
- What was the reason for the previous FTM?
- Previous FTM Coordinator:
- Previous FTM Facilitator:

Is this FTM referral court-ordered?

☐ Yes

☐ No

If yes, . . .

- Date of court order:
- Presiding judge:
- Next court date:

## Family Information

Have parental rights been terminated, waived, or relinquished?

☐ Yes

☐ No

Which parent?

☐ Mother

☐ Father

☐ Both

Family ethnicity:

Primary language:

Special needs to consider:

- ☐ Hearing impairment
- ☐ Limited literacy
- ☐ Mental health issues

- ☐ Visual impairment
- ☐ Transportation

- ☐ Physical impairment
- ☐ Translation

## Parent(s)/Guardians

Name

Relationship to child

Address

Phone number(s)

### All Children in the Family

Name	FACES Client ID	Phone number(s)	Subject of FTM?	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Significant Others (List extended family members, fictitious kin, and others who should attend the FTM. Include service providers, attorneys, teachers, and others working with the family.)

Name	Relationship to child	Address	Phone number(s)
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### Current Situation

Identify concerns that prompted this referral. Please describe the family and child's functioning at home, school, work and in the community.

### Child/Youth Information

#1 Name:

Date of birth:

Gender: ☐ Male ☐ Female

Current living situation:

- ☐ Parent/guardian  
☐ Group home  
☐ RTC

- ☐ Kinship foster home  
☐ ILP  
☐ DYRS facility

- ☐ Traditional foster home  
☐ Hospital  
☐ Other

Address:

Point of contact where child is currently living:

Phone:

Cell phone:

Last school attended:

Special Ed? ☐ Yes ☐ No

Current IEP? ☐ Yes ☐ No

Does child have Axis I diagnosis? ☐ Yes ☐ No

If yes, specify:

Agencies involved with child (check all that apply):

- ☐ APRA  
☐ Other

☐ CFSA

☐ CSS

☐ DCPS

☐ DMH

☐ DYRS

#2 Name:

Date of birth:

Gender: ☐ Male ☐ Female

Current living situation:

- ☐ Parent/guardian  
☐ Group home  
☐ RTC

- ☐ Kinship foster home  
☐ ILP  
☐ DYRS facility

- ☐ Traditional foster home  
☐ Hospital  
☐ Other

**Address:**

**Point of contact where child is currently living:**

**Phone:**

**Cell phone:**

**Last school attended:**

**Special Ed?** ☐ Yes ☐ No

**Current IEP?** ☐ Yes ☐ No

**Does child have Axis I diagnosis?** ☐ Yes ☐ No

**If yes, specify:**

**Agencies involved with child (check all that apply):**

☐ APRA

☐ CFSA

☐ CSS

☐ DCPS

☐ DMH

☐ DYRS

☐ Other

**#3 Name:**

**Date of birth:**

**Gender:** ☐ Male ☐ Female

**Current living situation:**

☐ Parent/guardian

☐ Kinship foster home

☐ Traditional foster home

☐ Group home

☐ ILP

☐ Hospital

☐ RTC

☐ DYRS facility

☐ Other

**Address:**

**Point of contact where child is currently living:**

**Phone:**

**Cell phone:**

**Last school attended:**

**Special Ed?** ☐ Yes ☐ No

**Current IEP?** ☐ Yes ☐ No

**Does child have Axis I diagnosis?** ☐ Yes ☐ No

**If yes, specify:**

**Agencies involved with child (check all that apply):**

☐ APRA

☐ CFSA

☐ CSS

☐ DCPS

☐ DMH

☐ DYRS

☐ Other

**#4 Name:**

**Date of birth:**

**Gender:** ☐ Male ☐ Female

**Current living situation:**

☐ Parent/guardian

☐ Kinship foster home

☐ Traditional foster home

☐ Group home

☐ ILP

☐ Hospital

☐ RTC

☐ DYRS facility

☐ Other

**Address:**

**Point of contact where child is currently living:**

**Phone:**

**Cell phone:**

**Last school attended:**

**Special Ed?** ☐ Yes ☐ No

**Current IEP?** ☐ Yes ☐ No

**Does child have Axis I diagnosis?** ☐ Yes ☐ No

**If yes, specify:**

**Agencies involved with child (check all that apply):**

☐ APRA

☐ CFSA

☐ CSS

☐ DCPS

☐ DMH

☐ DYRS

☐ Other

**Save this form as a Word document and e-mail as an attachment to [cfsa.ftmu@dc.gov](mailto:cfsa.ftmu@dc.gov). If more space is needed please use the body of the e-mail to provide the information.**



**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Child and Family Services Agency**  
**Authorization to Disclose Information**



**\*\*Si usted no entiende el idioma Inglés, favor de pedir este formulario en Español\*\***

**Instructions**

1. Use this Authorization to authorize CFSA to disclose or receive information about a client (adult or child) if the information is not health related or does not concern substance abuse.
2. Do not use this Authorization for the release of medical or dental information. Instead, use the "Authorization to Disclose Medical or Dental Information".
3. Do not use this Authorization for the release of mental health or substance abuse information. Instead, use the "Authorization to Disclose Mental Health and Substance Abuse Information".
4. If the client is Spanish-speaking and does not read English, give her or him the Spanish version of this Authorization.
5. If a client is physically unable to complete the Authorization, CFSA staff may complete the Authorization under the direction of the client, as long as the client signs or marks the Authorization.
6. This Authorization must be signed by someone who legally can make decisions regarding the individual who is the subject of the information. This is generally the individual if he or she is 18 years of age or older. For individuals under 18 years of age, this is generally the parent or legal guardian. **If the parent or legal guardian is not available to sign, or there are questions about who can sign, contact the Office of General Counsel.**
7. Use a separate Authorization for each disclosure of information to CFSA or by CFSA

<b>Section A: Individual who is the subject of the information</b>		
Last Name:	First Name:	Middle Initial:
Any other name used:		
Address: <i>(Street Address/City/ State/Zip)</i>		
Telephone:		
Date of Birth: <i>(Month/Day/Year)</i>		Social Security Number:
<b>Section B: Authorized use or disclosure</b>		
I, _____, authorize _____ <small><i>(individual, parent, legal guardian or legal custodian)</i></small> <span style="float: right;"><small><i>(person or organization authorized to disclose information)</i></small></span>		
to disclose the following information concerning the above-identified person to: _____ _____ <small><i>(person organization authorized to receive information)</i></small>		

**Information authorized to be disclosed**

(check each type of record for which release is authorized):

- ☐ Employment
- ☐ Housing (including both rental and owned properties)
- ☐ School
- ☐ Social services
- ☐ Financial, including credit information
- ☐ Motor vehicle
- ☐ Wage & earning, including information concerning unemployment benefits
- ☐ Tax returns
- ☐ Child protection clearance
- ☐ Other(s)(specify): \_\_\_\_\_

§ In authorizing this disclosure, I understand that this information will be used for the purpose of:

§ I understand that this Authorization permits the release of both oral information and documents.

§ I understand that the information used or disclosed on the basis of this Authorization could be disclosed again by the recipient and, if so, may not be subject to federal or state law protecting its confidentiality.

§ I understand that I may revoke this Authorization at any time by giving my written revocation to:

**D.C. Child and Family Services Agency**  
**attn: (insert name of social worker)**  
**400 6<sup>th</sup> Street S.W.**  
**Washington, DC 20024**

§ I understand that revocation of this Authorization will *not* affect any action CFSA took in reliance of this Authorization before it received written notice of my revocation.

§ I understand that this Authorization will expire six (6) months from the date on which I sign it, and that I may sign a new Authorization for an additional six (6) month period.

§ I have received a copy of this Authorization.

§ **I understand that this Authorization is voluntary.**

**Section C: Signature**

Signature:	If this authorization is signed by a parent, legal guardian or legal custodian, complete the following:
Print Name ( <i>Last/First/Middle Name</i> ):	Name printed:
Address:	<b>Relationship to individual (<i>check one</i>):</b>
Phone number:	<input type="checkbox"/> Parent
Date:	<input type="checkbox"/> Legal guardian
	<input type="checkbox"/> Legal custodian

**THIS AUTHORIZATION EXPIRES 6 MONTHS FROM THE APPROVAL DATE.**

**Include this authorization in the individual's records and provide a copy to the individual or her/his parent, legal guardian or legal custodian.**



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
**Child and Family Services Agency**  
**Authorization to Disclose Medical or Dental Information**



**\*\*Si usted no entiende el idioma Inglés, favor de pedir este formulario en Español\*\*.**

**Instructions**

1. Use this Authorization to authorize CFSA to disclose medical or dental information about a client (adult or child). Also, use this Authorization to disclose medical or dental information to CFSA.
2. Do not use this Authorization for the release of mental health or substance abuse information. Instead, use the "Authorization to Release Mental Health and Substance Abuse Information".
3. If the client or personal representative is Spanish-speaking and does not read English, give her or him the Spanish version of this Authorization.
4. If a client is physically unable to complete the Authorization, CFSA staff may complete the Authorization under the direction of the client, or her or his personal representative, as long as the client, or her or his personal representative, signs or marks the Authorization.
5. This Authorization must be signed by someone who legally can make decisions regarding the health care of the individual who is the subject of the health information. This is generally the individual if he or she is 18 years of age or older. For individuals under 18 years of age, this is generally the parent or legal guardian. However, a child under 18 years of age may authorize the release of information concerning the prevention, diagnosis or treatment of pregnancy or its lawful termination, or a sexually transmitted disease. **If the parent or legal guardian is not available to sign, or there are questions about who can sign, contact Health Services or the Office of General Counsel for directions on how to proceed.**
6. Use a separate Authorization for each disclosure of information to CFSA or by CFSA.

<b>Section A: Individual who is the subject of the information</b>		
Last Name:	First Name:	Middle Initial:
Any other name used:		
Address: <i>(Street Address/City/ State/Zip)</i>		
Telephone:		
Date of Birth: <i>(Month/Day/Year)</i>	Social Security Number:	
<b>Section B: Authorized use or disclosure</b>		
I, _____, authorize _____ <small><i>(individual or personal representative)</i></small> <span style="float: right;"><small><i>(person/organization authorized to disclose information)</i></small></span>		
to disclose the following information concerning the above-identified person to: _____ _____ <small><i>(person/organization authorized to receive information)</i></small>		

**Information Authorized to be Released** (Check all that apply and provide additional information as needed):

.. Medical (Describe):

.. Dental (Describe):

§ In authorizing this disclosure, I understand that this information will be used for the purpose of:

OR

§ This Authorization is made at my request and I elect not to state the purpose.

§ I understand that this Authorization permits the release of both oral information and documents.

§ I understand that the information used or disclosed on the basis of this Authorization could be disclosed again by the recipient and, if so, may not be subject to federal or state law protecting its confidentiality.

§ I understand that I may revoke this Authorization at any time by giving my written revocation to:

**D.C. Child and Family Services Agency**

**Attention: CFSA Privacy Office**

**400 6<sup>th</sup> Street S.W.**

**Washington, DC 20024**

§ I understand that revocation of this Authorization will *not* affect any action CFSA took in reliance of this Authorization before it received written notice of my revocation.

§ I understand that this Authorization will expire six (6) months from the date on which I sign it, and that I may sign a new Authorization for an additional six (6) month period.

§ I have received a copy of this Authorization.

§ **I understand that this Authorization is voluntary and that CFSA will not condition any treatment that would otherwise be provided on this Authorization.**

**Section C: Signature**

Signature:	If this authorization is signed by a personal representative on behalf of the individual, complete the following:
Print Name (Last/First/Middle Name):	Personal Representative's Name:
Address:	<b>Relationship to Individual (check one):</b> .. Parent .. Legal guardian .. Legal custodian
Phone number:	
Date:	

**THIS AUTHORIZATION EXPIRES 6 MONTHS FROM THE APPROVAL DATE.**

**Include this Authorization in the individual's records and provide a copy to the individual or her/his personal representative.**



**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Child and Family Services Agency**  
**Authorization to Disclose Mental Health or Substance Abuse Information**



**\*\*Si usted no entiende el idioma Inglés, favor de pedir este formulario en Español\*\*.**

**Instructions**

1. Use this Authorization to authorize CFSA to disclose mental information or substance abuse information about a client (adult or child). Also use this Authorization to disclose mental health information or substance abuse information to CFSA.
2. Do not use this Authorization for the release of health information that is not mental health or substance abuse information. Instead, use the "Authorization to Disclose Medical or Dental Information".
3. If the client or personal representative is Spanish-speaking and does not read English, give her or him the Spanish version of this Authorization.
4. If a client is physically unable to complete the Authorization, CFSA staff may complete the Authorization under the direction of the client, or her or his personal representative, as long as the client, or her or his personal representative, signs or marks the Authorization.
5. This Authorization must be signed by someone who legally can make decisions regarding the health care of the individual who is the subject of the health information. This is generally the individual if he or she is 18 years of age or older and, except as provided below, generally the parent or legal guardian if the individual is under 18 years of age. For mental health information, if the individual is between 14 and 18 years of age, the child *and* the parent or legal guardian must sign the consent *unless* the child received the mental health treatment without the parent/legal guardian's consent; in that circumstance, if CFSA is seeking the disclosure of information concerning the services or supports received, the child *alone* is the person who must sign the Authorization. **If the parent or legal guardian is not available to sign, or there are questions about who can sign, contact Health Services or the Office of General Counsel for directions on how to proceed.**
6. Use a separate Authorization for each disclosure of information to CFSA or by CFSA.

<b>Section A: Individual who is the subject of the information</b>		
Last Name:	First Name:	Middle Initial:
Any other name used:		
Address: <i>(Street Address/City/ State/Zip)</i>		
Telephone:		
Date of Birth: <i>(Month/Day/Year)</i>		Social Security Number:
<b>Section B: Authorized use or disclosure</b>		
I, _____, authorize _____ <small><i>(individual or personal representative)</i></small> <span style="float: right;"><small><i>(person/organization authorized to disclose information)</i></small></span>		
to disclose the following information concerning the above-identified person to: _____  <small><i>(person/organization authorized to receive information)</i></small>		



**Information Authorized to be Released** (Check all that apply and provide additional information as needed):

- .. Mental Health (Describe):
- .. Substance Abuse (Describe):

§ In authorizing this disclosure, I understand that this information will be used for the purpose of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

§ I understand that this Authorization permits the release of both oral information and documents.

§ I understand that the client has the right to inspect her or his record of mental health information.

§ I understand that I may revoke this Authorization at any time by giving my written revocation to:

**D.C. Child and Family Services Agency**  
**Attention: CFSA Privacy Office**  
**400 6<sup>th</sup> Street S.W.**  
**Washington, DC 20024**

§ I understand that revocation of this Authorization will *not* affect any action CFSA took in reliance of this authorization before it received written notice of my revocation.

§ I understand that this Authorization will expire sixty (60) days from the date on which I sign it, and that I may sign a new authorization for an additional sixty (60) days. The authorization will expire on \_\_\_\_\_.

§ I have received a copy of this Authorization.

§ **I understand that this Authorization is voluntary and that CFSA will not condition any treatment that would otherwise be provided on this Authorization.**

**Section C: Signature**

Signature:	If this authorization is signed by a personal representative on behalf of the individual, complete the following:
Print Name (Last/First/Middle Name):	Personal Representative's Name:
Address:	<b>Relationship to Individual (check one):</b> .. Parent .. Legal guardian .. Legal custodian
Phone number:	
Date:	

**THIS AUTHORIZATION EXPIRES 60 DAYS FROM THE APPROVAL DATE.**

**Include this Authorization in the individual's records and provide a copy to the individual or her/his personal representative.**